

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number 10808620	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1	1					51			
2		1				52			
3						53			
4						54			
5						55			
6						56			
7						57			
8						58			
9	1					59			
10		1				60			
11						61			
12						62			
13						63			
14						64			
15		1				65			
16	1					66			
17		1				67			
18						68			
19						69			
20		1				70			
21		1				71			
22						72			
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41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
Total Indep	3					Total Indep			
Total Depend	18					Total Depend			
Total Claims	21					Total Claims			